## **Center For Domestic Preparedness Training Course Application** (Please Print Legibly and Accurately) (FOR CDP USE ONLY)

	number and Program L three choice of training	You will select your dates by week number and your class (s) by selecting a Program Letter. Please designate your three choices by listing the desired week of training and program letter found on the training calendar:			
		Choice #1	Choice #2	Choice #3	
;)	Week #				
	Program				

Name:\_\_\_ Male (First) (MI) (Last) **Female** Social Security Number: \_\_\_\_\_\_Date of Birth: \_\_\_\_\_ (For Student Record Use Only) (month) (day) (vear **Mailing Address: Organization/Work Address:** (Street address) (Organization Name) (City, State, Zip) (Street Address) **HOT and ITC Courses will require** the submission of a pre-requisite (Home telephone or cell number) (City, State, Zip) certificate. (Work Phone Number and ext) Any questions should be referred to (Fax number) your Regional Training Coordinator: Email \_\_\_\_\_\_ East Region 866-213-9546 Central Region 866-213-9547 **Profession:** Position/Title: \_\_\_\_\_ West Region 866-213-9548 Airport of Departure: \_\_\_\_\_ Or if driving, Check Here Help Line- 866-213-9553 **Area of Jurisdiction** City □ Township □ **Discipline:** Fire Suppression  $\square$  EMS  $\square$  Emergency Mgmt  $\square$  HAZMAT  $\square$ County □ Metro □ District □ State □ Law Enforcement □ Public Works □ Governmental Administrative □ Federal □ National □ Port □ Public Health ☐ Health Care (Non EMS) ☐ Public Safety Communications ☐ Tribal Territory Other (Please specify) Other (Please specify) \_\_\_\_\_

NOTICE: The Privacy Act, 5 U.S.C. 522a, requires that federal agencies inform individuals whether the disclosure is mandatory or voluntary. Your Social Security Account Number (SSN) will be used to identify you precisely when it is necessary. Although disclosure of your SSN is not mandatory, your failure to do so may impede selection for training at the Center for Domestic Preparedness.